## APPLICATION FOR PROPERTY TAX REDUCTION FOR 2004 ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS.

County	Code Area	Parcel Number	
A. 1. Ownership Information (Nam	e, Address and Zip Code)		B. As of January 1, 2004, I was (check all that apply)
			65 or older Blind Former P.O.W. Fatherless or Motherless Minor
			Widow(er): Spouse Name Date of Death
			Veteran 10-30% Service-connected disability
			Veteran 40-100% Service-connected disability
			Veteran Nonservice-connected disability with pension
O. Canial Canadity North as (Claire	Casial Cassists Normal	(С)	Recognized disabled: Soc. Sec. Adm. Fed. Civil Svc. R/R Retirement
Social Security Number (Claima	nnt) Social Security Numb	per (Spouse)	C. Household Income and Qualified Expenses January 1 - December 31, 2003
3. Birth Date (Claimant)	Birth Date (Spouse)		Federal Adjusted Gross Income\$
			Extension filed
4. Telephone Number			Social Security Income (Claimant)\$\$
			3. Social Security Income (Spouse)\$
5. As of January 1, 2004, I was (cl			4. S.S.I. (Claimant)\$
Married Widow(er)/Not remarried  6. Physical address of the property if different than Block 1			5. S.S.I. (Spouse)\$
o. Thysical dadress of the property	y il dilloront triali Blook i		Pensions, Retirements, Annuities, and
7. Are you a new applicant?		Yes No	IRA's not included on line 1\$
7. Ale you a new applicant:			7. VA Pension or Compensation\$
8. Did you receive a Property Tax	Reduction in 2003?	Yes No	Interest (Bank, Escrow, Dividends, etc)     Taxable and Nontaxable not included
9. If you live in a mobile home, do you own the land?  Yes No			on line 1\$
10. Have you filed a claim on a different primary residence			9. Railroad Retirement not included on line 1 \$
between January 1, 2004 and n		Yes No	10. Other income not included on line 1 (Received from) \$
11. Did you occupy your home as y	our primary residence	Yes No	11. Subtotal (add lines 1 through 10)\$
			12. Capital Gains only if included on line 1\$ ()
12. Did you or your spouse stay in a care facility in 2003? Yes No			13. Total of non-reimbursed <b>paid</b> medical expenses
13. Do you receive rental income fo		erty'?  Yes No	and medical insurance premiums\$ ()
	· · · · · · · · · · · · · · · · · · ·		14. Total of paid or prepaid funeral expenses
14. Is any portion of this property used for commercial use? Yes No			(Attach receipt - amount cannot exceed \$5,000.) \$ ()
15. This year will you or your spous	e file:		15. Total Net Income\$
Federal Income Tax Return (If y If your tax information is incomp		Yes No	D. FOR COUNTY USE ONLY
county assessor for instructions on completing this form.)			Verification of Partial Ownership:
State Income Tax Return (Which	n State?)	Yes No	ICounty Assessor or Deputy Assessor
Idaho Grocery Credit Form		Yes No	certify thatName of Claimant
16. I grant permission to any governr			is a partial owner (excluding community interest) with% ownership
status and to reveal to the Idaho payments made to me or my spo		tal monetary	in this property and the Property Tax Reduction benefits only apply to the claimant's portion of the net taxable value.
			Approved and verified by Assessor
(Check on	e) L Yes No		or Deputy Assessor:
			3. Tax reduction not to exceed:
Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.			
ите инолнавон г наче рточиев нете в ите, сонев, ана сотпрете.			The following section should be completed if the claimant is receiving
Claimant(s)	Date		benefits on a prorated taxable value:  4. Land taxable value (one acre or less)  \$
Cignoture(a) and Deletionahin	Telephone No	ımhor	5. Improvement(s) full value (one residence) \$
Signature(s) and Relationship	reiepnone Ni	JIIIDEI	6. Homeowner's exemption \$ () 7. Net taxable (lines (4+5) – 6) \$
RETURN TO YOUR	COUNTY ASSESSO	OR BY	WHITE-TAX COMMISSION YELLOW - ASSESSOR PINK - CLAIMANT

**APRIL 15, 2004** 

## APPLICATION FOR PROPERTY TAX REDUCTION FOR 2004 ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS.

County	Code Area	Parcel Number	
A. 1. Ownership Information (N	lame, Address and Z	p Code)	B. As of January 1, 2004, I was (check all that apply)
			65 or older Blind Former P.O.W. Fatherless or Motherless Minor
			Widow(er): Spouse Name Date of Death
			Veteran 10-30% Service-connected disability
			Veteran 40-100% Service-connected disability
			Veteran Nonservice-connected disability with pension
			Recognized disabled: Soc. Sec. Adm. Fed. Civil Svc. R/R Retirement
Social Security Number (Cla	imant) Social Sec	urity Number (Spouse)	C. Household Income and Qualified Expenses
			January 1 - December 31, 2003
3. Birth Date (Claimant)	Birth Date	(Spouse)	1. Federal Adjusted Gross Income\$
			Extension filed
4. Telephone Number			2. Social Security Income (Claimant)\$
			3. Social Security Income (Spouse)\$
5. As of January 1, 2004, I was (check only if applicable)			4. S.S.I. (Claimant)\$
Married Widow(er)/Not remarried			5. S.S.I. (Spouse)\$
6. Physical address of the prop	erty if different than E	SIOCK 1	6. Pensions, Retirements, Annuities, and
			IRA's not included on line 1\$
7. Are you a new applicant?		└ Yes └ No	7. VA Pension or Compensation\$
8. Did you receive a Property T	ax Reduction in 2003	? Yes No	8. Interest (Bank, Escrow, Dividends, etc)
			Taxable and Nontaxable not included on line 1 \$
9. If you live in a mobile home, do you own the land? Yes \( \subseteq \text{ Yes } \subseteq \text{ No}			9. Railroad Retirement not included on line 1 \$
10. Have you filed a claim on a different primary residence between January 1, 2004 and now?			40.00
11. Did you occupy your home a			(Received from) \$
before April 15, 2004?	o your primary rootes	Yes No	11. Subtotal (add lines 1 through 10)\$
12. Did you or your spouse stay in a care facility in 2003? Yes No			12. Capital Gains only if included on line 1\$ ()
13. Do you receive rental income for all or any part of this property?			- 13. Total of non-reimbursed <b>paid</b> medical expenses and medical insurance premiums
(If yes, please attach a copy of your rental agreement.)			
14. Is any portion of this property	y used for commercia	l use? Yes No	14. Total of <b>paid or prepaid</b> funeral expenses (Attach receipt - amount cannot exceed \$5,000.)\$ ()
45. This was will be a second state of the			15. Total Net Income\$
15. This year will you or your spouse file:  Federal Income Tax Return (If yes, please attach a copy. Yes No			D. FOR COUNTY USE ONLY
ii your tax information is moonipiete, piease sontast your			— TON GOOM TOOL ONE!
county assessor for instruction	. •	. — —	Verification of Partial Ownership:
State Income Tax Return (Which State?) Yes No			County Assessor or Deputy Assessor
Idaho Grocery Credit Form Yes No			certify that Name of Claimant
16. I grant permission to any gove			is a partial owner (excluding community interest) with% ownership
status and to reveal to the Idaho State Tax Commission the total monetary payments made to me or my spouse during 2003.			in this property and the Property Tax Reduction benefits only apply to the claimant's portion of the net taxable value.
payments made to me of my speads during 2000.			Approved and verified by Assessor     2. Date:
(Check one) Yes No		0	or Deputy Assessor:
			3. Tax reduction not to exceed:
Under penalty of perjury, I certify that to the best of my knowledge			3. Tax reduction flot to exceed.
the information I have provided here is true, correct, and complete.			The following existing about he completed if the element in receiving
Claimant(s) Date			The following section should be completed if the claimant is receiving benefits on a prorated taxable value:
, ,			4. Land taxable value (one acre or less) \$  5. Improvement(s) full value (one residence) \$
Signature(s) and Relationship	Tel	ephone Number	5. Improvement(s) full value (one residence) \$ 6. Homeowner's exemption \$ ()
			7. Net taxable (lines (4+5) – 6) \$
THIS COPY IS YOUR RECEIPT			WHITE-TAX COMMISSION YELLOW - ASSESSOR PINK - CLAIMANT